

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal:
(See instructions on page 23)

MARK CORRECT BOX(ES)

Reason for Submittal:

☒ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).

☐ As a component of a First RCRA Hazardous Waste Part A Permit Application.

☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).

☐ As a component of the Hazardous Waste Report.

2. Site EPA ID Number
(See instructions on page 24)

EPA ID Number: WVD982569139

3. Site Name (See instructions on page 24)

Name: SEARS #1804/6287/7554

4. Site Location Information (See instructions on page 24)

Street Address: 100 HUNTINGTON MALL ROAD

City, Town, or Village: Barboursville

State: WV

County Name: Cabell

Zip Code: 25504

5. Site Land Type (See instructions on page 24)

Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)

A.

811191

B.

45299

C.

D.

7. Site Mailing Address (See instructions on page 25)

Street or P. O. Box: 3333 BEVERLY ROAD, A2-238A

City, Town, or Village: HOFFMAN ESTATES

State: IL

Country: US

Zip Code: 60179

8. Site Contact Person (See instructions on page 25)

First Name: KATHLEEN

MI:

Last Name: FLAHERTY

Phone Number: 847-286-7199

Phone Number Extension:

9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)

A. Name of Site's Legal Owner:

SEARS, ROEBUCK and CO.

Date Became Owner (mm/dd/yyyy):

02/16/1981

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Operator:

SEARS, ROEBUCK and CO.

Date Became Operator (mm/dd/yyyy):

02/16/1981

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

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10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
- ☐ 5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

☐ 3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer-Indicate Type(s) of Activity(ies)

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 31)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 31)

CHANGE GENERATOR STATUS FROM SDG TO CESDG

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 31)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
<i>Kathleen M Flaherty</i>	KATHLEEN FLAHERTY, ENVIRONMENTAL SPECIALIST	7/2/03

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
NOTIFICATIONS



United States
Environmental Protection Agency

ACKNOWLEDGEMENT OF NOTIFICATION OF
REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation is identified below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owner and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID No.: WVD982569139

Installation Address:

SEARS #1804/6287/7554
100 HUNTINGTON MALL RD.
BARBOURSVILLE, WV 25504

Mailing Address:

3333 BEVERLY RD, A2-238A
HOFFMAN ESTATES, IL 60179
ATTN: KATHLEEN FLAHERTY

WV 0482569139

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1W1D19181719181413151 Date: 12-8-9

FACILITY NAME Sear Huntington

New Facility Name

Name Change _____

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street _____

City/Town _____ State _____ Zip _____

Installation Contact

Name (last) _____ (first) _____

Job Title _____ Phone # _____

Street _____

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner _____

Street _____

City/Town _____ State _____ Zip _____

Phone # _____ Land Type _____ Owner Type _____

WASTE CODES

Delete Old Waste Codes

Add New Waste Codes

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Updated in RCRIS by V. Carter Date 12-29-92

Waste Activity	Type	RCRA Reg Status	RCRA Reg Desc
Generator	_____	<u>N</u>	<u>10</u>
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air	Rail	Highway	Water
_____	_____	_____	_____
Burner/Blender	<input type="checkbox"/> Boiler and/or Industrial Furnace (BIF) only <input type="checkbox"/> BIF only; Smelter Deferral <input type="checkbox"/> BIF only; Small Quantity Exemption claimed <input type="checkbox"/> Not a Burner/Blender, Verified <input type="checkbox"/> Other Burner/Blender Activity <input type="checkbox"/> Blank Unverified		
HWF Market to Burner			
<input type="checkbox"/> Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities, blank no activity			
HWF Other Market			
<input type="checkbox"/> Code Indicates that the handler is engaged in hazardous waste fuel marketing activities, other than generator marketing to burner			
HWF Burner			
<input type="checkbox"/> Boiler and/or Industrial Furnace			
<input type="checkbox"/> Indication of Activity			
OSO Market to Burner			
<input type="checkbox"/> Code Indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel			
OSO Other market			
<input type="checkbox"/> Code indicates that the handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery)			
OSO Burner			
<input type="checkbox"/> Boiler and/or Industrial Furnace			
<input type="checkbox"/> Indication of Activity			
SO ACT: _____ Code indicating that the handler is engaged in marketing of specification fuel oil activities			
<input type="checkbox"/> Boiler and /or Industrial Furnace			
<input type="checkbox"/> Indication of Activity			
Burner Type:			
Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____			
Underground Injection Control _____			
<input type="checkbox"/> Code indicates that the Handler generates and or treats, stores, or disposes of hazardous waste and has an injection well located at the installation			
Recycler: _____			
<input type="checkbox"/> Commercial, <input type="checkbox"/> Non-Commercial Recycler,			
<input type="checkbox"/> Not a Recycler, Verified, Blank Not a recycler, Unverified			



DEPARTMENT OF COMMERCE, LABOR & ENVIRONMENTAL RESOURCES
DIVISION OF ENVIRONMENTAL PROTECTION

1356 Hansford Street
Charleston, WV 25301-1401

Gaston Caperton
Governor

John M. Ranson
Cabinet Secretary

David C. Callaghan
Director

Ann A. Spaner
Deputy Director

December 9, 1992

Ms. Harriet Morrell
US EPA, Region III
841 Chestnut Building
Philadelphia, Pennsylvania 19107

Dear Harriet:

I spoke with Mr. Smith, Project Manager, with Sears Roebuck and Company on December 8, 1992. He said he applied for EPA Identification Numbers for the Sears stores located in Charleston and Huntington, West Virginia before he discovered that each site already had EPA Identification Numbers.

These numbers ^{WVD 988798427} ~~WVD 988777512~~ and WVD988798435 can be deactivated as we discussed by phone December 8, 1992.

If you have any questions please call me at (304) 558-5989.

Sincerely,

Brenda Woodyard

Brenda Woodyard
Date Entry Operator



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+
WVD988798435

INSTALLATION ADDRESS

SEAR HUNTINGTON MALL
SEARS TOWER D/731LPBSC39-34
CHICAGO, IL 60684
STEVE SMITH ENVIRON

100 HUNTINGTON MALL DR
BARBOURSVILLE, WV 25504

Please refer to the instructions for filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use On)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

WV D988798435

II. Name of Installation (Include company and specific site name)

SEAR HUNTINGTON MALL

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

100 HUNTINGTON MALL DRIVE

Street (continued)

City or Town

State

ZIP Code

BARBOURSVILLE WV 25504-

County Name County Name

OLI CARBELL

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

SMITH STEVE

Job Title

Phone Number (area code and number)

ENVIRONMENTAL 312-875-8616

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box



SEARS TOWER D1731LPBSC 39-3

City or Town

State

ZIP Code

CHICAGO IL 60684-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

SEARS ROEBUCK & COMPANY

Street, P.O. Box, or Route Number

SEARS TOWER

City or Town

State

ZIP Code

CHICAGO IL 60684-

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

312-875-8616 P O

A. Hazardous Waste Activity

- ### B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

- B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment. TO THE BEST OF MY KNOWLEDGE -

Signature

Name and Official Title (type or print)

Date Signed _____

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

**HAZARDOUS WASTE DATA MANAGEMENT SYSTEM
MAINTENANCE FORM FOR NOTIFICATION**

EPA-ID # WV1982569139 Date: 6/8/90

FACILITY NAME Deers Auto Center

New Facility Name Deers #1804

Contact Person/Position (304) 703-0555

(Last, First, M) Title Tel No

MAILING ADDRESS Street City State Zip

LOCATION ADDRESS Street City State Zip

County Name County Code

Owner Name Operator Name

Activity Code
☒ Gen ☐ Tr ☐ Ind
☐ S. Market or Burn HWP
☐ A. Gen Mark to Burn
☐ B. Other Marketer
☐ C. Burner

Used Oil Fuel Activities
☐ 6. Off-Spec Used Oil Fuel
☐ A. Gen Mark to Burn
☐ B. Other Marketer
☐ C. Burner
☐ 7. Spec Used Oil Fuel Mark

Waste Fuel Burning: Type of Combustion Device
☐ Utility Boiler ☐ Ind. Boiler ☐ Ind. Furnace

Mode of Transportation (Transporters Only)
☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other

Maintenance Screens

V1 Card		V2 Card	
Existing Waste Code		New Waste Code	Non-Reg Ind. (c303)
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----



Notification of Hazardous Waste Activity

here is required by law (S
3010 of the Resource Conser
and Recovery Act).

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)C
FI/A C
1

I. Name of Installation

SEARS #1804

II. Installation Mailing Address

Street or P.O. Box

C
3

100 HUNTINGTON MALL

City or Town

State

ZIP Code

C
4

BARBOURSVILLE

WU255

III. Location of Installation

Street or Route Number

C
5

100 HUNTINGTON MALL

City or Town

State

ZIP Code

C
6

BARBOURSVILLE

WU255

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

FERGUSON BILL

304 733 05

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter)

C
1

SEARS

P

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

☒

1a. Generator

☒

1b. Less than 1,000 kg/mo.

☐

2. Transporter

☐

3. Treater/Storer/Disposer

☐

4. Underground Injection

☐

5. Market or Burn Hazardous Waste Fuel

(enter 'X' and mark appropriate boxes below)

☐

a. Generator Marketing to Burner

☐

b. Other Marketer

☐

c. Burner

☐6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)☐

a. Generator Marketing to Burner

☐

b. Other Marketer

☐

c. Burner

☐7. Specification Used Oil Fuel Marketer (or On site Burner
Who First Claims the Oil Meets the Specification)VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device
which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐

A. Air

☐

B. Rail

☐

C. Highway

☐

D. Water

☐

E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒

A. First Notification

☒

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

WUD9825691

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(XXX1)

☐ 2. Corrosive
(XXX2)

☐ 3. Reactive
(XXX3)

☐ 4. Toxic
(XXXX)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Bill Ferguson

Name and Official Title (type or print)

Service Mgr., Bill Ferguson

Date Signed

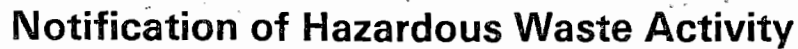
5-24-90

EPA Form 8700-12 (Rev. 11-85) Reverse

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GENERAL STATE SECTION

JUN 6 1990

EPA, R3



Comments

Installation's EPA ID Number											Approved			Date Received (yr. mo. day)			011 Cabel			
C	W	V	0	9	8	2	5	6	9	1	T/A	C				8	8	1	1	6
F												1								

[illegible]

Street or P.O. Box

[illegible]

	City or Town																State	ZIP Code					
C 4	B	A	R	B	O	U	R	S	V	I	L	E	WV	.					WV	2	5	5	.

Street or Route Number

[illegible]

City or Town															State	ZIP Code			
C																			
6																			

Name and Title (last, first, and job title)

[illegible]

A. Name of Installation's Legal Owner

[illegible]

A. Hazardous Waste Activity

☐ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

B. Used Oil Fuel Activities

☐ 6. Off-Specification Used Oil Fuel
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

☐ A. Utility Boiler

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☒ E. Other (specify) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>Bill Ferguson</i>	Name and Official Title (type or print) <i>AUTOMOTIVE CENTER SERVICE MANAGER</i>	Date Signed <i>10-25-88</i>
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EPA Form 8700-12 (Rev. 11-85) Reverse

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DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT